MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09744

09742 CERTIFICATE OF DEATH Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills X
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Saint Inigoes
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Bennett

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Chisley

14. MOTHER'S MAIDEN NAME: Martha Chisley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Edward Chisley ::: St. Inigoes, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary occlusion	15 Minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary occlusion	5 Years
	DUE TO (c) Cardiac asthma	5 Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to Oct 26 1954, that I last saw the deceased alive on 10-25, 1954, and that death occurred at 10.10 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Bean, M.D. ADDRESS Great Mills Md. DATE SIGNED 10-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10/29/1954

NAME OF CEMETERY OR CREMATORY St. Peters Cemetery

LOCATION (City, town, or county) (State) Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-26-54

REGISTRAR'S SIGNATURE P. J. Bean, M.D. Local Registrar

24. FUNERAL DIRECTOR P. B. Robinson ::: Leonardtown, Maryland

ADDRESS

RECEIVED
OCT 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09745

09743

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Saint Mary's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown, X

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Saint Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dameron X

STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Cecelia (Last) Bradburn

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2 - 10 - 1889

9. AGE Last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James D. Dunbar

14. MOTHER'S MAIDEN NAME: Bessie Abell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: James E. Bradburn :: Dameron, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 434.1 Congestive Heart Failure — 5 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senile debility

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15-54, to 10-24-54, that I last saw the deceased alive on 10-24-54, and that death occurred at St. Mary's Hosp. from the causes and on the date stated above.

SIGNATURE (Degree or title) Jas. Kelly M.D. — ADDRESS Leonardtown — DATE SIGNED 10-26-54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-28-1954 — NAME OF CEMETERY OR CREMATORY: St. Michael's Cemetery — LOCATION (City, town, or county) (State): Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10-26-54 — REGISTRAR'S SIGNATURE: P.J. Beane M.D. Local Registrar

24. FUNERAL DIRECTOR — ADDRESS: P.B.Robinson ::: Leonardtown, Maryland

RECEIVED
OCT 28 1914
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09744 CERTIFICATE OF DEATH

09746 2

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Saint Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) G. (Last) Conway

4. DATE OF DEATH: (Month) October (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: October 24, 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Auther Garnes

14. MOTHER'S MAIDEN NAME: Elmlee Danials

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: William Conway Hollywood, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) TBC Meningitis — 2 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1954, to Oct 13, 1954, that I last saw the deceased alive on Oct 12, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE Wm D Barnes (Degree or title) ADDRESS Leonardtown Md DATE SIGNED 10/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-16-1954

NAME OF CEMETERY OR CREMATORY Gallilee Cemetery

LOCATION (City, town, or county) Oakville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-15-1954

REGISTRAR'S SIGNATURE Glenn D. Houser

24. FUNERAL DIRECTOR P.B.Robinson

ADDRESS Leonardtown, Md.

RECEIVED
OCT 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09745 09747 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River X
LENGTH OF STAY (in this place): none
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Point Road U. S. Naval Air Station 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS, Patuxent River X
STREET ADDRESS (If rural give location) 941 "C" Married Officers' Quarters

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Edward (Last) HALLEN

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 19, 1920

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Avt. Pilot

10b. KIND OF BUSINESS OR INDUSTRY: USN

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. E. HALLEN

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) 15 yrs

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Wife: Mrs. Shirley HALLEN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

825.X
Immediate cause (a) Fracture simple, nec, cervical & dorsal vertebrae (8160)
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Concussion, spinal cord (8502) — Immediate
DUE TO (c) Contusion, head and neck (8263) — Immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None 0 — **19b. MAJOR FINDINGS OF OPERATION** None

20. AUTOPSY? Yes ☐ No ☑ 18

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Road — (CITY OR TOWN) Patuxent River, (COUNTY) St. Mary's, (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 15 1954 10:35 p.m. — INJURY OCCURED While at Work ☐ Not While At Work ☒ 1 — HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10:35 pm (dead on arrival), from the causes and on the date stated above.

SIGNATURE E. SEGNALLA, JR. / LT MC USNR — Signature of Coroner or Medical Examiner — ADDRESS INF USNAS PAX RIV MD. — DATE SIGNED 18 October 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-23-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Tacoma, Washington

DATE REC'D BY LOCAL REGISTRAR 10-19-1954 — REGISTRAR'S SIGNATURE Glen D. Dorsey, M.D.

24. FUNERAL DIRECTOR Robinson Funeral Home — ADDRESS Leonardtown, Md.

RECEIVED
OCT 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09746 **CERTIFICATE OF DEATH** 19748

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Saint Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Catherin (Last) Hemming

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10 - 22 - 1954

9. AGE last birthday: yrs. 3
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Hemming

14. MOTHER'S MAIDEN NAME: Mary A. Ferguson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----------

16. SOCIAL SECURITY No.: ----------

17. INFORMANT & ADDRESS: Henry J. Hemming ::: Hollywood, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 7625 (a) Asphexia neonatorum

Antecedent causes (b) Central nervous system immaturity
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c) DUE TO

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Oct., 1954, to 24 Oct., 1954, that I last saw the deceased alive on 24 Oct., 1954, and that death occurred at 9:00 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E. Bell, M.D. ADDRESS Leonardtown, Md DATE SIGNED 25 Oct. 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-25-1954

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Hollywood, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/25/1954

REGISTRAR'S SIGNATURE Robt F. Lackey

24. FUNERAL DIRECTOR ADDRESS P.B.Robinson ::: Leonardtown, Maryland

20042334F28

VS. AIE

RECEIVED
OCT 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09747 CERTIFICATE OF DEATH (09749) Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) R. (Last) Hostetler
4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
m	w	Single	9-21-54	0 yrs.	—	13		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rufus Hostetler
14. MOTHER'S MAIDEN NAME: Elizabeth Hostetler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Rufus Hostetler – Mechanicsville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) acute Virus enteritis — Interval Between Onset And Death 48 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1954, to Oct 4, 1954, that I last saw the deceased alive on Oct 3, 1954, and that death occurred at 4:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Roy Guyther, M.D. ADDRESS Mechanicsville DATE SIGNED 10/4/54

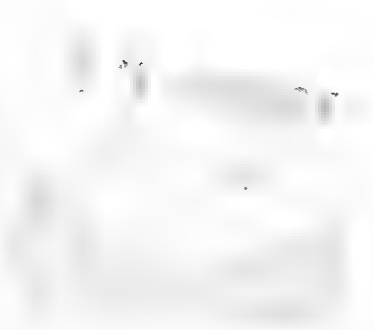
23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 10-5-54
NAME OF CEMETERY OR CREMATORY Amish Cemetery
LOCATION (City, town, or county) Charlotte Hall (State) Md.
DATE REC'D BY LOCAL REGISTRAR 10-4-54
REGISTRAR'S SIGNATURE Leland Hance M.D.
24. FUNERAL DIRECTOR C. B. Johnson ADDRESS Leonardtown Md.

74440405

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09750

09748 CERTIFICATE OF DEATH Reg. Dist. No. 284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN New Market
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Market
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Pearl (Middle) Kelly (Last)
4. DATE OF DEATH: (Month) Oct (Day) 18 (Year) 1954
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: unk
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Chas Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joe Woodland
14. MOTHER'S MAIDEN NAME: Emma Curtis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: John Kelly Newmarket Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis (unattended) — Interval Between Onset And Death: 2-3 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Angina Pectoris — over 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7, 1952, to 12/1, 1953, that I last saw the deceased alive on 12/1, 1953, and that death occurred at 8:30 PM., from the causes and on the date stated above.
SIGNATURE Robert F. Fuchs (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 10/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/22/54
NAME OF CEMETERY OR CREMATORY Immaculate Conception
LOCATION (City, town, or county) (State) Mechanicsville Md.
DATE REC'D BY LOCAL REGISTRAR 10/20/54
REGISTRAR'S SIGNATURE Mrs. Eleanor Cantor
24. FUNERAL DIRECTOR Hoxtt & Ryon Funeral Home
ADDRESS Waldorf Md

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09749

CERTIFICATE OF DEATH

09751

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River

MARYLAND

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland

COUNTY: St. Mary's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hollywood

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First): Baby Girl (Middle): (Last): LITTLETON

4. DATE OF DEATH: (Month): October (Day): 26 (Year): 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 26, 1954

9. AGE last birthday: yrs.

IF UNDER 1 YEAR: Months: Days:

IF UNDER 24 HRS.: Hours: 1 Min.: 15

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): USNAS, Patuxent River, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James V. LITTLETON

14. MOTHER'S MAIDEN NAME: Ruby L. PORTER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: James V. Littleton, Hollywood, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Lack of viability

DUE TO

(c)

Interval Between Onset And Death: 1 hr. 15 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1954, to 10-26, 1954, that I last saw the deceased alive on 10-26, 1954, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Abraham I. Feldman

ABRAHAM I. FELDMAN, LT MC USNR

ADDRESS: Infirmary, USNAS PAX RIV MD.

DATE SIGNED: 10-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 10-26-54

NAME OF CEMETERY OR CREMATORY: Bethesda Md.

LOCATION (City, town, or county) (State): Bethesda Md.

DATE REC'D BY LOCAL REGISTRAR: 10-26-54

REGISTRAR'S SIGNATURE: P J Beam MD. Local Registrar

24. FUNERAL DIRECTOR: U.S. Navy

ADDRESS: Patuxent River

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09752

09750

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY: St Marys | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bush Wood | MARYLAND | LENGTH OF STAY (In this place): Life | HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bush Wood | STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) C. (Last) Morgan

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: April 21-1872 | 9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR: Months — Days 7 6 | IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Morgan | 14. MOTHER'S MAIDEN NAME: Julia A. Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Eugene B. Morgan Bush Wood Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443K

IMMEDIATE CAUSE (A) DUE TO: Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 days.

ANTECEDENT CAUSE (B) DUE TO: Hypertensive Cardio-vascular disease — 4 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: —

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1953, to Oct. 26, 1954, that I last saw the deceased alive on Oct. 25, 1954, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D.: Joseph E. Gill, M.D. | ADDRESS: Leonardtown, Md | DATE SIGNED: 27 Oct. 1954.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Oct. 29. 54 | NAME OF CEMETERY OR CREMATORY: Sacred Heart | LOCATION (City, town, or county) (State): Bushwood Md

DATE REC'D BY LOCAL REGISTRAR: October 28, 1954 | REGISTRAR'S SIGNATURE: Robt. L. Locke (acting) | 24. FUNERAL DIRECTOR: Jos C. Mattingley | ADDRESS: Leonardtown Md

09751 MARYLAND STATE DEPARTMENT OF HEALTH 09753

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
LENGTH OF STAY (In this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dorthy	Marie	Nolan	10 - 24 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	colored	single	17 Aug. 1954	yrs	2			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Maryland	usa

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis A. Nolan	Annie L. Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no -----	------	Annie L Nolan - Lexington Park, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	under
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) pneumonia	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

PLEASE NAME CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		none

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection —, Inquiry — thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident —, suicide —, homicide —, undetermined —

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nolan Lowe	M.D.	Lexington Park Md	10/26/54

MANNER OF DISPOSITION (Burial, Cremation, Removal)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/29/54	Holy Face Cemetery	Great Mills, Md.

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-25-54	Gian L. Lowe, M.D.	P.B. Robinson - Leonardtown, Md.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09754

09752

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Rural Leonardtown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Leonardtown; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Jefferson (Last) Owens

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan. 10, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months 9 Days 3 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Edward Owens

14. MOTHER'S MAIDEN NAME: Addie Downs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Marie B Owens Loveville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary heart disease DUE TO

ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1954, to Oct 15, 1954, that I last saw the deceased alive on Oct 13, 1954, and that death occurred at 6.30 P.M., from the causes and on the date stated above.

SIGNATURE P.J. Bean, M.D. M.D. ADDRESS Leonardtown Md. DATE SIGNED 10-16-54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

DATE THEREOF Oct 18-54

NAME OF CEMETERY OR CREMATORY Our Ladys

LOCATION (City, town, or county) (State) Medley Neck Md

DATE REC'D BY LOCAL REGISTRAR Oct. 16-54

REGISTRAR'S SIGNATURE P.J. Bean M.D. Local Registrar

24. FUNERAL DIRECTOR Jos L. Martin Jr. ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09753 / 09753

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 16 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Valley Lee
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Andrew (Last) Redman

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: May 1-1887 | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR: Months 6 Days 30 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: owned | 11. BIRTHPLACE (State or foreign country): St Marys County Md | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William B. Redman | 14. MOTHER'S MAIDEN NAME: Lucy Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 213-22-0887 | 17. INFORMANT & ADDRESS: Mrs Jessie A. Redman Valley Lee Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B): DUE TO Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 10/28, 1954, to 10/30, 1954, that I last saw the deceased alive on 10/28, 1954, and that death occurred at 5.00 AM, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Leonardtown Md DATE SIGNED 10/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 2-1954 | NAME OF CEMETERY OR CREMATORY St Georges | LOCATION (City, town, or county) (State) Valley Lee St Marys Md

DATE REC'D BY LOCAL REGISTRAR 11/1/54 | REGISTRAR'S SIGNATURE Robert E. Lorkey acting | 24. FUNERAL DIRECTOR J. C. Mattingley | ADDRESS Leonardtown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09754

09754

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully: The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 58

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Medleys Neck
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) R. F. D. # 1

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) . (Last) Swailes

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Young

14. MOTHER'S MAIDEN NAME: Martha Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Lillian Swailes Leonardtown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cerebral hemorrhage	3 days
ANTECEDENT CAUSE (S) DUE TO	(B) Arteriosclerosis	10 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Hypertension	10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1954, to Oct 27, 1954, that I last saw the deceased alive on Oct 25, 1954, and that death occurred at 3.30 P.M., from the causes and on the date stated above.

SIGNATURE M. Lin D'Boyd M.D. ADDRESS Leonardtown DATE SIGNED 10/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Oct 29-54

NAME OF CEMETERY OR CREMATORY: Our Lady's

LOCATION (City, town, or county) (State): Medleys Neck Md

DATE REC'D BY LOCAL REGISTRAR: 10-28-54

REGISTRAR'S SIGNATURE: Robert F. Tuck Registrar

24. FUNERAL DIRECTOR: Joseph C. Mattingley

ADDRESS: Leonardtown Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09757

09755

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Valley Lee
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Valley Lee
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Benton (Last) Thompson

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Dec. 24 1861

9. AGE last birthday 92 yrs. IF UNDER 1 YEAR Months 9 Days 26 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Brent Thompson Loveville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerotic Heart Disease —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1954, to 10/20, 1954, that I last saw the deceased alive on 10/16, 1954, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE Stanley B. Johnson M. D. ADDRESS 10 Van Buren St. Leonardtown Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Buried

DATE THEREOF Oct. 23 1954

NAME OF CEMETERY OR CREMATORY St Mary's

LOCATION (City, town, or county) Valley Lee, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/23/54

REGISTRAR'S SIGNATURE Robt. F. Locke (acting)

24. FUNERAL DIRECTOR Jos. C. Mattingly ADDRESS Leonardtown, Md.

RECEIVED
OCT 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19758

09756

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Saint Mary's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dameron X

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dameron X

STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
John	B.	Trossbach	Oct.	23	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	Sept.- 29- 1866	88 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm - OWNER	Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Otto Trossbach	Frances Romeice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	----------	----------	William O. Trossbach:: Dameron, Maryland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (420.1)	(a) Coronary occlusion	6 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Coronary sclerosis	6 years
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ,1948, to 10-23, 1954, that I last saw the deceased alive on 10-23, 1954, and that death occurred at 3:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): P. J. Bean, M.D. — ADDRESS: Great Mills, Md. — DATE SIGNED: 10-25-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-25-1954	Saint Michael's Cemetery	Ridge, Maryland.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-25-54	P. J. Bean, M.D. Local Registrar	P. B. Robinson :: Leonardtown, Maryland.	

RECEIVED
OCT 27 1954
BUREAU V. S.